

STEP-BY-STEP USER GUIDE FOR PHYSICIANS TO COMPLETE PHYSICIAN SURVEY ONLINE – www.breeze.ca.gov

The Physician Survey includes information (i.e., areas of practice, specialty, board certifications) that is self-reported by the physician. The information is viewable by the public on the physician's profile located on the Board's website at www.mbc.ca.gov/Breeze/License_Verification.aspx.

The Physician Survey is part of the renewal process; however, it may be updated at any time from within the physician's BreEZe account.

Example of the survey information displayed on the physician's public profile:

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	TELEMEDICINE - NONE TEACHING - 1-9 HOURS PATIENT CARE - 30-39 HOURS OTHER - NONE RESEARCH - NONE ADMINISTRATION - 1-9 HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 95758 COUNTY - SACRAMENTO
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	FAMILY MEDICINE - PRIMARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
POSTGRADUATE TRAINING YEARS	3 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	MALE

Log in to your BreEZe account, located at www.breeze.ca.gov

If you previously registered in the BreEZe system, enter your User ID and Password in the **Returning User** section located on the right column and click the **Sign In** button.

NOTE: If you have never registered in the BreEZe system, please go to http://www.mbc.ca.gov/Licensees/License_Renewal/Physicians_and_Surgeons.aspx and view pages 2 through 8 of the “Step-by-Step User Guide for Physicians to Renew Online”. These pages explain how to create a new user account and connect your license to that account.

DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS
Check Licenses and file complaints.

[Verify a LICENSE](#) [File a COMPLAINT](#)

FOR APPLICANTS AND LICENSEES
Applicant and licensing needs are available here.
You will need to [register](#), or use your existing user name and password

Returning User

Fields marked with * are required

* User ID:

* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

New Users
[BreEZe Registration](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2013 State of California

Physician Survey:

Once you have successfully logged in to the BreEZe system, you should see the **Quick Start Menu** screen.

1. On the left hand side of the screen, under the section License Activities, subsection Manage your license information, click the down arrow of the Choose Application box and select **Physician Survey Transaction**. Click the **Select** button next to the option.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQs Help/Tutorials

Logged in as [Name] Update Profile | Logoff | Contact Us

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

License Activities

- Manage your license information
 - Physician and Surgeon A 98
 - Physician Survey Transaction **Select**

Additional Activities

- Payment Receipts (1) **Select**
- Add Authorized Representative **Select**
- License Notification Subscriptions **Select**

Applications

- Start a New Application or Take an Exam
 - <Choose Board>
 - <Choose Application> **Select**
- View Application Status
 - Medical Board of California - Physician's and Surgeon's - Initial Application Status: Expired **Details**

License/Registration Information **Show Details**

License/Registration Number:	98
License/Registration Type:	Physician and Surgeon A

Next Cancel

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2013 State of California

2. Physician Survey Transaction – Introduction

Read the information then click the **Next** button to proceed.

The screenshot shows the 'Physician Survey Transaction - Introduction' page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include 'About BreZE', 'FAQ's', and 'Help/Tutorials'. A user is logged in, with links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area has a left sidebar with 'Introduction', 'Physician Survey', and 'Application Summary'. The 'Introduction' section contains the following text:

Physician Survey Transaction - Introduction

Review the detailed instructions and information regarding this survey before proceeding at www.mbc.ca.gov/licenses/physician_survey.html

Physician Survey
California B&P Code sections 2425.1 and 2425.3 require the Medical Board to collect and publish certain information on training and practice characteristics for each physician licensed in California. To comply with this law, the Board has developed a physician survey that must be completed by each physician when renewing their license. In addition to completing a physician survey during renewal, physicians can update their survey information at any time using this application.

Contact Us:

- **Licensing Questions:**
For licensing information, contact the Medical Board of California at:
CA Toll-Free line: 1 (800) 633-2322
Phone: (916) 263-2382
Fax: (916) 263-2944

Assistance is available Monday - Friday, 8:00 a.m. - 5:00 p.m. PST (except holidays).

Press "Next" to continue.
Press "Cancel" to exit this application.

At the bottom right of the main content area are 'Next' and 'Cancel' buttons. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

3. Physician Survey Transaction – Activities in Medicine

Complete **Activities in Medicine** (per week) questions then click the **Next** button to proceed.

The screenshot shows the 'Physician Survey Transaction - Activities in Medicine' form. The form is titled 'Physician Survey Transaction - Activities in Medicine' and includes instructions: 'Enter the data and press "Next" to continue.', 'Press "Previous" to return to the previous screen.', and 'Press "Cancel" to cancel this application and return to the main menu.' The form contains several sections with radio button options:

- Are you retired?** ☐ Yes ☒ No
- Current Training Status** ☐ Residency ☒ Fellow ☐ Not in Training
- Patient Care Hours** ☒ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
- Telemedicine Hours** ☐ None ☒ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
- Administration Hours** ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
- Research Hours** ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
- Teaching Hours** ☐ None ☐ 1-9 ☒ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+
- Other Hours** ☐ None ☐ 1-9 ☒ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Below the hours section, there are two sections for practice locations:

- Primary Practice Location (U.S. Only)**
 - Patient Care** Zip: County:
 - Telemedicine** Zip: County:
- Secondary Practice Location (CA Only)**
 - Patient Care** Zip: County:
 - Telemedicine** Zip: County:

At the bottom right, there are three buttons: **Previous**, **Next**, and **Cancel**. The **Next** button is highlighted. At the bottom of the form, there are links: [Back to Top](#), [Conditions of Use](#), [Privacy Policy](#), and [Accessibility](#), followed by the text 'Copyright © 2013 State of California'.

4. Physician Survey Transaction – Areas of Practice

On the **Areas of Practice** screen, click on the dropdown box to select your primary area of practice. If applicable, click on the boxes for any secondary areas of practice then click the **Next** button to proceed.

Physician Survey Transaction - Areas of Practice

Select one Primary Area of Practice and any Secondary Area(s) of Practice applicable and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Primary Area of Practice [Dropdown Box]

Secondary Area(s) of Practice

<input type="checkbox"/> Aerospace Medicine	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Public Health and General Preventive Medicine
<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> General Practice	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiologic Physics
<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Hematology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Complementary and Alternative Medicine	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Spine Surgery
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgical Oncology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Physical Medicine and Rehabilitation	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Urology
<input type="checkbox"/> Facial, Plastic and Reconstructive Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Neurology with Special Qualification in Child Neurology	<input type="checkbox"/> Psychosomatic Medicine	<input type="checkbox"/> Other – Not Listed

Previous Next Cancel

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2013 State of California

5. Physician Survey Transaction – Board Certifications

Select any Board Certifications (listed alphabetically) by clicking on the appropriate box then click the **Next** button to proceed.

CA.GOV Department of Consumer Affairs BREZE

About BreZE FAQ's Help/Tutorials

Logged in as [Name] Update Profile | Logoff | Contact Us

Introduction
Physician Survey
Application Summary

Physician Survey Transaction - Board Certifications

Select any board certifications you may have and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

☐ None

American Board of Allergy and Immunology <input type="checkbox"/> Allergy and Immunology	American Board of Medical Genetics <input type="checkbox"/> Clinical Biochemical Genetics <input type="checkbox"/> Clinical Cytogenetics <input type="checkbox"/> Clinical Genetics (MD) <input type="checkbox"/> Clinical Molecular Genetics <input type="checkbox"/> Medical Biochemical Genetics <input type="checkbox"/> Molecular Genetic Pathology	American Board of Pediatrics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Child Abuse Pediatrics <input type="checkbox"/> Developmental-Behavioral Pediatrics <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Medical Toxicology <input type="checkbox"/> Neonatal-Perinatal Medicine <input type="checkbox"/> Neurodevelopmental Disabilities <input type="checkbox"/> Pediatric Cardiology <input type="checkbox"/> Pediatric Critical Care Medicine <input type="checkbox"/> Pediatric Emergency Medicine <input type="checkbox"/> Pediatric	American Board of Psychiatry and Neurology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Neurology <input type="checkbox"/> Neurology with Special Qualification in Child Neurology <input type="checkbox"/> Addiction Psychiatry <input type="checkbox"/> Brain Injury Medicine <input type="checkbox"/> Child and Adolescent Psychiatry <input type="checkbox"/> Clinical Neurophysiology <input type="checkbox"/> Epilepsy <input type="checkbox"/> Forensic Psychiatry <input type="checkbox"/> Geriatric Psychiatry <input type="checkbox"/> Hospice and Palliative Medicine
American Board of Anesthesiology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Critical Care Medicine <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Pediatric Anesthesiology <input type="checkbox"/> Sleep Medicine	American Board of Neurological Surgery <input type="checkbox"/> Neurological Surgery		
American Board of Colon and Rectal Surgery <input type="checkbox"/> Colon and Rectal Surgery	American Board of Nuclear Medicine <input type="checkbox"/> Nuclear Medicine		
	American Board of Obstetrics and Gynecology		

6. Physician Survey Transaction – Post Graduate Training and Cultural Background

Select the number of years of Postgraduate Training you completed after finishing medical school, your Cultural Background, then click the **Next** button.

The screenshot shows a web form titled "Physician Survey Transaction - Post Graduate Training and Cultural Background". The form is part of a larger application, with a sidebar on the left containing links to "Introduction", "Physician Survey", and "Application Summary". The main content area has instructions: "Enter the data and press 'Next' to continue.", "Press 'Previous' to return to the previous screen.", and "Press 'Cancel' to cancel this application and return to the main menu." Below the instructions, there are two sections: "Postgraduate Training (Years Completed)" and "Cultural Background". The "Postgraduate Training" section has radio buttons for years 1 through 9+, with "4" selected. The "Cultural Background" section has a grid of radio buttons for various backgrounds, with "Fijian" selected. At the bottom right, there are "Previous", "Next", and "Cancel" buttons. The footer contains links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

CA.GOV Department of Consumer Affairs BREZE

Logged in as [Update Profile](#) | [Logout](#) | [Contact Us](#)

[Skip navigation](#)

Introduction
Physician Survey
Application Summary

Physician Survey Transaction - Post Graduate Training and Cultural Background

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Postgraduate Training (Years Completed) ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9+

Cultural Background

<input type="radio"/> African	<input checked="" type="radio"/> Fijian	<input type="radio"/> Mexican	<input type="radio"/> South American
<input type="radio"/> African American	<input type="radio"/> Filipino	<input type="radio"/> Middle Eastern	<input type="radio"/> Taiwanese
<input type="radio"/> Alaskan Native	<input type="radio"/> Guamanian	<input checked="" type="radio"/> Native American	<input type="radio"/> Thai
<input type="radio"/> American Indian	<input type="radio"/> Hawaiian	<input type="radio"/> Other Asian	<input checked="" type="radio"/> Tongan
<input type="radio"/> Black	<input type="radio"/> Indian	<input type="radio"/> Other Hispanic	<input checked="" type="radio"/> Vietnamese
<input type="radio"/> Cambodian	<input type="radio"/> Indonesian	<input type="radio"/> Other Pacific Islander	<input type="radio"/> White
<input checked="" type="radio"/> Central American	<input type="radio"/> Japanese	<input type="radio"/> Pakistani	<input type="radio"/> Other (not listed)
<input checked="" type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Puerto Rican	<input type="radio"/> Decline to State
<input checked="" type="radio"/> Cuban	<input checked="" type="radio"/> Laotian/Hmong	<input type="radio"/> Samoan	
<input type="radio"/> European	<input type="radio"/> Malaysian	<input type="radio"/> Singaporean	

[Previous](#) [Next](#) [Cancel](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2013 State of California

7. Physician Survey Transaction – Foreign Language Proficiency

Select additional languages in which you are proficient.

Answer the Website Profile questions to determine what information you want displayed on your Physician Profile.

Enter your email address (it will NOT be released to the public) then click the **Next** button.

The screenshot shows a web form titled "Physician Survey Transaction - Foreign Language Proficiency". At the top, there is a header with the "CA.GOV" logo, "Department of Consumer Affairs", and "BREZE" logo. Navigation links include "About BreZE", "FAQs", and "Help/Tutorials". A user is logged in as "Logged in as [name]", with links for "Update Profile", "Logoff", and "Contact Us".

The form has a left sidebar with "Introduction", "Physician Survey", and "Application Summary". The main content area has instructions: "Enter the data and press 'Next' to continue.", "Press 'Previous' to return to the previous screen.", and "Press 'Cancel' to cancel this application and return to the main menu."

The "FOREIGN LANGUAGE PROFICIENCY" section asks: "In addition to English, indicate additional languages in which you are proficient." It features four columns of checkboxes for various languages, including African Languages, American Sign Language, Amharic, Arabic, Armenian, Cantonese, Croatian, Fijian, Formosan (Amis), French, French Creole, German, Greek, Gujarati, Hebrew, Hindi, Hmong, Hungarian, Ilocano, Indonesian, Italian, Japanese, Korean, Lao, Mandarin, Mien, Mon-Khmer (Cambodian), Navajo, Panjabi (Punjabi), Persian (Farsi), Polish, Portuguese, Russian, Samoan, Scandinavian Languages, Serbian, Spanish, Swahili, Tagalog, Telugu, Thai, Tonga, Turkish, Ukrainian, Urdu, Vietnamese, Xiang Chinese, Yiddish, Yoruba, Other Chinese, Other Non-English, Other Sign Language, Other (not listed), None, and Decline to state.

The "WEB SITE PROFILE" section asks: "Do you want the following information included in your physician profile on the Medical Boards's Web site?". It includes radio buttons for "Yes" and "No" for "Cultural Background", "Foreign Language Proficiency", and "Gender". Below this is an "Email Address:" field with a note "WILL NOT BE RELEASED TO THE PUBLIC". At the bottom right are "Previous", "Next", and "Cancel" buttons.

At the very bottom, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice: "Copyright © 2013 State of California".

8. Physician Survey Transaction – Application Summary

Please review the information. If it is correct, scroll down and click the **Proceed to Payment** button. If information needs to be changed, click the **Previous** button to back up and make corrections.

The screenshot shows the 'Physician Survey Transaction - Application Summary' page. The header includes the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A 'Skip navigation' link is also present. The user is logged in as 'Logged in as' with links for 'Update Profile', 'Logoff', and 'Contact Us'. The left sidebar contains a menu with 'Introduction', 'Physician Survey', and 'Application Summary' (selected). The main content area displays the 'Physician Survey Transaction Summary' with the following details:

License Type:	Physician and Surgeon A	
File Number:	116310	
License Number:	98756	
Application Date:	08/25/2016 (mm/dd/yyyy)	

Below this is the 'Physician Survey' section with a table for practice locations:

Patient Care Practice Location:	Zip:	County:
Telemedicine Practice Location:	Zip:	County:
Patient Care Secondary Practice Location:	Zip:	County:
Telemedicine Secondary Practice Location:	Zip:	County:
E-mail:		

At the bottom of the main content area are three buttons: 'Previous', 'Proceed to Payment', and 'Cancel'. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

NOTE: There is no charge to update your Physician Survey.

12. Physician Survey Transaction –Attestation

Read and click **YES** then click the **Proceed to Payment** button.
(Note: If you click **NO** you will not be able to proceed to payment.)

The screenshot shows the 'Physician Survey Transaction - Attestation' page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include 'About BreEZe', 'FAQ's', and 'Help/Tutorials'. A 'Skip navigation' link is also present. Below the header, a blue bar indicates the user is 'Logged in as' and provides links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area has a left sidebar with 'Introduction', 'Physician Survey', and 'Application Summary'. The 'Physician Survey' section is active, displaying instructions: 'Press "Previous" to return to the previous section.', 'Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.', and 'Press "Cancel" to exit this application.' Below these instructions is a declaration: 'I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.' There are two radio buttons for 'Yes' and 'No'. At the bottom right of the main content area are three buttons: 'Previous', 'Proceed to Payment', and 'Cancel'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

13. Fee and Summary Report

Click the **Back** button to complete the survey.

The screenshot shows the 'Fee and Summary Report' page. The header and navigation links are identical to the previous page. The main content area displays the message: 'Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.' Below this message is the instruction: 'Press "Back" to return to the main menu.' At the bottom of the main content area are two buttons: 'Back' and 'View PDF Summary Report'. A small Adobe Reader icon is visible on the right side of the page. The footer is the same as the previous page, including 'Back to Top', 'Conditions of Use', 'Privacy Policy', 'Accessibility', and the copyright notice 'Copyright © 2013 State of California'.